

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000002050

1. Entity Name  
ADVANCED HOSPITALITY SOLUTIONS, LLC



Principal Place of Business  
931 N. SR 434  
SUITE 1201-243  
ALTAMONTE SPRINGS, FL 32714 US

Mailing Address  
931 N. SR 434  
SUITE 1201-243  
ALTAMONTE SPRINGS, FL 32714



04082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3206769	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

SCHEINBLUM, MARK D  
215 NORTH EOLA DRIVE  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee will be \$538.75**

**9. Name and Address of Current Managing Members/Managers**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MP ST. ONGE, EDWARD 931 N. SR 434, SUITE 1201-243 ALTAMONTE SPRINGS, FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DANISH, HENRY 931 N. SR 434, SUITE 1201-243 ALTAMONTE SPRINGS, FL 32714
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U00000895202  
04/24/08-80058-024-138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_